

## DENTAL BOARD OF CALIFORNIA

1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140



## **CONSUMER COMPLAINT FORM**

| PLEASE PRINT OR TYPE  |  |   |   |                               |
|---|--|---|---|-------------------------------|
| COMPLAINT REGISTERED AGAINST  |  |   |   |                               |
| Name:   |  |   | Name of Dental Office:                                |                               |
| Address:  |  |   |   |                               |
| City:   | State:                                     | Zip Code:                                   | Office Phone Number:                                  |                               |
| PERSON REGISTERING COMPLAINT  |  |   |   |                               |
| Mr. Mrs. Ms.  |  |   | Relationship to Patient:                              |                               |
| Address:  |  |   | Home Phone Number:                                    |                               |
| City:   | State:                                     | Zip Code:                                   | Work Phone Number:                                    |                               |
| Patient Name:  Male Female  | Patient's Date of                          | of Birth:                                   | Patient's Social Security Number                      | er:                           |
| Has patient been examined or treated by another dentist for this sam<br>If yes, please provide full names and addresses on the back of this f   |  | YES 🗆 NO                                    |   |                               |
| DETAILS OF COMPLAINT  |  |   |   |                               |
| Dates of Visits:  |  |   |   |                               |
| State Your Complaint In Detail:   |  |   |   |                               |
|   |  |   |   |                               |
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|   |  |   |   | DO NOT WRITE<br>IN THIS SPACE |
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|   |  |   |   |                               |
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|   |  |   |   |                               |
| NOTICE: As much information as possible should be provided, in ac complaint. Failure to provide sufficient information or documentation information will be used to determine whether a violation of law has c transmitted to other governmental agencies, including the Attorney G jurisdiction over fee disputes or office business procedures. | n may prevent or d<br>occurred. If a viola | delay the review of<br>lation is substantia | f your complaint. The<br>ated, the information may be |                               |
| SignatureRev 5/99   |  | Date  |   |                               |

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## SUPPLEMENTAL COMPLAINT INFORMATION

PLEASE PROVIDE THE NAME, ADDRESS, TELEPHONE NUMBER AND DATE OF VISIT TO ANY OTHER DENTISTS YOU HAVE SEEN SINCE BEING TREATED BY THE SUBJECT OF YOUR COMPLAINT.

|   | ) | DATE: |
|---|---|-------|
| - | ) | DATE: |
|   | ) | DATE: |
|   | ) | DATE: |

(REV 5/99)